

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/15/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G496		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/30/2011	
NAME OF PROVIDER OR SUPPLIER  BONA VISTA PROGRAMS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2333 WESTDALE CT KOKOMO, IN46902			
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 26, 27, 28, 29, and 30, 2011</p> <p>Facility number: 001010 Provider number: 15G496 AIM number: 100245040</p> <p>Surveyors: Tracy Brumbaugh, Medical Surveyor III-Team Leader Kathy Craig, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9. Quality Review completed 10/25/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p>			W0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #1) to ensure her communication goal was implemented per her Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 9-26-11 from 3:40 p.m. until 5:35 p.m. an observation at the home of client #1 was conducted. During the observation client #1 was observed to go for a walk, play an electronic game, watch TV, and eat supper. Client #1 was not observed to use sign language during the evening observation.</p> <p>On 9-27-11 at 11:00 a.m. a record review for client #1 was conducted. The ISP dated 8-3-11 indicated client #1 needed assistance with her communication. Client #1 had a goal to use signs to communicate.</p> <p>On 9-28-11 at 12:15 p.m. an interview with the Qualified Mental Retardation Professional (QMRP) indicated client #1</p>			W0249	<p>Client #1 continues to have a communication goal. Client #1 will have copies of common signs laminated and available to refer to. Client also has cue cards/picture cards which she carries. DirectSupport Professionals were retrained on this goal at the Westdale Staff Meeting held on 10-11-11. A copy of the goal will be sent. When completing the Periodic Service Review, the Social Service Coordinator and/or Residential Coordinator will review goals to ensure that clients with limited communication have goals in these areas as addressed in the functional assessment.</p>		10/11/2011

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W0331	<p>did have a communication goal to use signs and direct care staff should have prompted and assisted her with the goal.</p> <p>9-3-4(a)</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure nursing services provided followed up with the recommendation for hearing aids.</p> <p>Findings include:</p> <p>On 9-26-11 from 1:00 p.m. until 2:00 p.m. an observation was done at the day program for client #2. During this observation client #2 was not observed to wear hearing aids or hearing protection in the workshop area.</p> <p>On 9-26-11 from 4:40 p.m. until 5:35 p.m. an observation at the home of client #2 was conducted. During this observation client #2's speech was difficult to understand and he was not observed to wear hearing aids or have hearing protection for noisy activities.</p> <p>On 9-27-11 at 9:30 a.m. a record review</p>		W0331	<p>Client #2 was taken to the Hearing Center on 10-27-11 for re-evaluation of hearing and to access the need for hearing aids. Hearing aids were recommended. The Residential Nurse talked with client #2's guardians about what type of hearing aids to order. Prior Authorization is being sought by Medicaid since this is the first pair of hearing aids. We hope to have an answer by 11/30/11 with regards to what aids he is approved to get so we can start the fitting process. There are strategies in place to assist Client #2 in regards to his hearing loss. For example, when speaking with client #2 always remember to be where he can see you, especially if he has headphones on. Do not walk up behind him. Always get eye contact to be sure he realizes you are there before attempting to redirect. Direct Support Professionals were retrained on client #2's behavior plan at the Westdale Staff Meeting held on 10-11-11. The QDDP will</p>		11/30/2011	

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W0369	<p>for client #2 was conducted. An appointment form dated 6-17-10 indicated the audiologist documented the results of the appointment were "severe/profound high frequency hearing loss." The letter dated 6-17-10 from the Hearing Center Inc. indicated the need for hearing aids and hearing protection for noisy activities.</p> <p>On 9-28-11 at 11:30 a.m. an interview with the agency nurse indicated he did not have hearing aids.</p> <p>9-3-6(a)</p>						
	<p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 22 meds (medications) received with error regarding 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/27/11 from 6:55 AM to 7:50 AM, which included the med pass. At 7:00 AM, client #1 received one 75 mcg</p>		W0369	<p>ensure that the nurse follows through with the hearing aids. Once the aids are obtained, staff will be trained on how to assist Client #2 with using/wearing/cleaning.</p> <p>DirectSupport Professionals were retrained on proper administration of Levothyroxine for client #1 at the staff meeting on 10-11-11. To assist Client #1 to understand the importance of waiting to eat, she will be given a timer after taking her Levothyroxine set for 30 minutes.</p> <p>The House Manager and Nurse will randomly observe med passes to ensure staff are following Dr. orders and guidelines of Med Core A&amp;B.</p>		10/11/2011	

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W0454	<p>(micrograms) Levothyroxine tablet for thyroid. At 7:01 AM, client #1 took her first bite of food.</p> <p>Review on 9/27/11 at 7:40 AM of client #1's MAR (Medication Administration Record) dated 9/1/11 indicated client #1 was to take Levothyroxine 30 minutes to one hour prior to breakfast.</p> <p>Interview on 9/28/11 at 11:20 AM with the group home nurse was conducted. She indicated client #1 should have waited to eat her breakfast at least 30 minutes after taking her Levothyroxine. She indicated it was a med error.</p> <p>9-3-6(a)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation and interview, the facility failed for 1 of 4 sampled clients (client #1) to ensure her bedroom was free from odors.</p> <p>Findings include:</p> <p>On 9-26-11 from 3:40 p.m. until 5:35 p.m. an observation at the home of client #1 was conducted. At 3:55 p.m. clients #1 and #4's bedroom was observed to</p>		W0454	<p>Client #1 has a program to address properly disposing of soiled disposables. Client #1 also has a program for completing her laundry. Client #1's toileting goals are : Client #1 will wipe herself after toileting and then Client #1 will wash her hands. Copies of the programs will be sent separately. Direct Support Professionals were retrained on the programs and on infection control in regards to soiled laundry being taken to the laundry</p>		10/11/2011	

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W0455	<p>smell of urine. Client #1 had a clothes hamper which was overflowed with clothes and dirty linens lay on the floor beside the hamper.</p> <p>On 9-26-11 at 3:55 p.m. an interview with the house manager indicated client #1 did wear adult incontinency briefs and the room did smell of urine.</p> <p>On 9-27-11 at 11:00 a.m. a record review for client #1 was conducted. The Individualized Support Plan (ISP) dated 8-3-11 indicated client #1 did need assistance with toileting and she had a goal to throw away her soiled adult brief.</p> <p>On 9-28-11 at 12:15 p.m. an interview with the Qualified Mental Retardation Professional indicated clients #1 and #4's bedroom should not smell of urine and dirty linens should not be left on the floor.</p> <p>9-3-7(a)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the</p>			W0455	<p>room and washed right away at the staff meeting on 10-11-11. The midnight shift will check trash cans for soiled disposables and laundry baskets for soiled linens before the end of their shift. The House Manager will do a walk through of the house each day to ensure the soiled laundry is removed from bedrooms promptly.</p> <p>Hand washing programs for client #1, client #2, client #5, Client#6</p>		10/11/2011

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	<p>facility failed for 5 of 8 clients (clients #1, #2, #5, #6, and #7) who lived in the home, to ensure they washed their hands to provide a sanitary environment prior to meal time.</p> <p>Findings include:</p> <p>On 9-26-11 from 3:40 until 5:35 p.m. an observation was conducted at the home of clients #1, #2, #5, #6, and #7. At 4:45 p.m. client #1 was observed to play a game, then she went outside; client #2 was observed to watch TV, and client #6 was observed to smoke a cigarette. At 5:00 p.m. client #5 was observed to sit at a table looking through papers, client #6 was observed to come in from smoking, and client #7 was observed to get food from the oven. At 5:15 p.m. clients #1, #2, #5, #6, and #7 were observed to sit down at the table to eat. Clients #1, #2, #5, #6, and #7 were not prompted to wash their hands before eating.</p> <p>On 9-28-11 at 12:15 p.m. the Qualified Mental Retardation Professional indicated clients should wash their hands before meals.</p> <p>9-3-7(a)</p>				<p>and for client #7 were developed and implemented. These programs will be sent. Direct Support Professionals were retrained on first requesting the clients wash hands and then secondly ensuring that the clients are properly washing their hands before dinner and during preparations for dinner at the 10-11-11 staff meeting. The House Manager will randomly observe dinner time to ensure staff compliance with the goals. The Social Service Coordinator also observes dinner time as part of the Periodic Service Review.</p>		

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rules were not met.</p> <p>431 IAC 1.1-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview the facility failed to report timely to the Bureau of Developmental Disabilities Services (BDDS), 9 of 16 follow-up BDDS reports for 5 of 8 clients living in the home (clients #1, #2, #3, #6 and #8).</p> <p>Findings include:</p> <p>Facility records were reviewed on 9-26-11 at 11:00 a.m., including BDDS reports for</p>			W9999	<p>BDDS reports are required to be reported within 24 hours of the investigation. Follow up reports are to be submitted every 7 days following the BDDS report until the BDDS office closes the BDDS case. QDDP's have been retrained on the importance of completing follow-ups within a timely manner. Copies of all initial incidents and follow-ups are sent to the VP of residential services for tracking purposes.</p>		10/14/2011



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	<p>the time period between 10-10 and 9-11. The BDDS reports indicated the following:</p> <ul style="list-style-type: none"> <li>- A BDDS report for an incident on 8-18-11 involving a slip into a trash bin with stitches required for client #2, indicated this report to BDDS was made on 8-18-11 with a follow up made to BDDS on 8-29-11.</li> <li>- A BDDS report for an incident on 8-19-11 which indicate client #1 tripped over a box had a BDDS follow up report dated 8-29-11.</li> <li>- A BDDS report for an incident on 9-2-11 which indicated client #6 hit her housemate on the bottom had a BDDS follow up report dated 11-12-10.</li> <li>- A BDDS report for an incident on 11-3-10 which indicated client #6 was hit by a coworker had a follow up BDDS report dated 12-22-10.</li> <li>- A BDDS report for an incident on 12-6-10 which indicated client #8 fell at the workshop causing him to break his arm and leg with a BDDS follow up report dated 12-17-10.</li> <li>- A BDDS report for an incident on 12-6-10 which indicated client #8 threw</li> </ul>						

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	<p>booklets which hit a coworker with a BDDS follow up report dated 12-16-10.</p> <p>- A BDDS report for an incident on 2-18-11 which indicated client #6 was kicked by a coworker with a BDDS follow up report dated 3-1-11.</p> <p>- A BDDS report for an incident on 5-31-11 which indicated client #3 was admitted to the Emergency Room with BDDS follow up reports dated 6-7-11 and 7-7-11.</p> <p>On 9-26-11 at 11:00 a.m. a review of the facility's BDDS reports did not indicate follow up reports for the above listed incidents were done every 7 days until resolved.</p> <p>A review of the BDDS reporting policy dated 3-1-11 was conducted on 9-30-11 at 5:00 p.m. The policy indicated: "The part responsible for follow-up completes an on-site review within seven days to determine if the incident has been resolved."</p> <p>An interview with the Qualified Mental Retardation Professional was conducted on 9-28-11 at 12:15 p.m. She indicated BDDS follow up reports should be completed every 7 days until closed.</p>						

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